

**INSTRUCTIONS FOR THE COMPLETION OF
THE HEARING AID REQUEST FORM
(PA/ARF2)**

ELEMENT 1 - REQUESTING AUDIOLOGIST'S NAME AND ADDRESS

Enter the requesting audiologist's name and address, including zip code.

ELEMENT 2 - REQUESTING AUDIOLOGIST'S TELEPHONE NUMBER

Enter the requesting audiologist's telephone number, including area code.

ELEMENT 3 - AUDIOLOGIST'S PROVIDER NUMBER

Enter the eight digit provider number of the requesting audiologist.

ELEMENT 4 - DATE OF TESTING

Enter the date of audiological testing/evaluation in this element.

ELEMENT 5 - RECIPIENT'S MEDICAL ASSISTANCE NUMBER

Enter the recipient's ten digit medical assistance number as it appears on his/her medical assistance identification card.

ELEMENT 6 - RECIPIENT'S NAME

Enter the recipient's last name, first name and middle initial as they appear on his/her medical assistance identification card.

ELEMENT 7 - SEX

Enter 'M' for male or 'F' for female.

ELEMENT 8 - DATE OF BIRTH

Enter the recipient's date of birth in MM/DD/YY format (i.e., January 5, 1978 would be 01/05/78).

The remainder of the form is used to document your audiological testing and comments.

IT IS ESSENTIAL THAT THE DATE AND YOUR SIGNATURE APPEAR AT THE BOTTOM OF THIS FORM.